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| APPLICATION NUMBER | FILING DATE | FIRST NAMED APPLICANT | ATTORNI | EY DOCKET NO. | |
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| 09/183015 | 2/15/01 | Caron | , | | |
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| | | | ART UNIT | PAPER NUMBER | |
| | | | 2625 | 3 | |
| | INTER\ | /IEW SUMMARY | DATE MAILED: | | |
| All participants (applicant, applicant | s representative, PTO personne | el): | | | |
| 11) James Car | ron | (3) | | | |
| (2) You Conso | > | (4) | *************************************** | | |
| Date of Interview | 12/04 | | | | |
| Type: Telephonic Personal | (copy is given to Sapplicant | applicant's representative |) . | | |
| Exhibit shown or demonstration cond | ducted: Yes No If yes, | brief description: | 128 - 1 | | |
| Identification of prior art discussed: _ | y, TZ haky | et al | | | |
| Description of the general nature of | what was sareed to if an earner | mont won reached as any other | comments: 7/16 | audiant | |
| argued that the | 10. / 1 1 | 0 | / | teach apply) | |
| a nower law to | the result o | 0 - 1 - 1 | Arm a L | Iter function | |
| The examiner | win take | a closer | look of the | e reference | |
| once the omen | Juent somes | in the m | ext ACic | o action w | |
| (A fuller description, if necessary, an must be attached. Also, where no coattached.) | d a copy of the amendments, if | available, which the examiner rould render the claims allowab | agreed would render the le is available, a summ | ne claims allowable | |
| 1. It is not necessary for applican | it to provide a separate record o | of the substance of the interview | v. | | |
| Unless the paragraph above has bee IS NOT WAIVED AND MUST INCLU action has are ready been filed, APP SUBSTANCE OF THE INTERVIEW. | en checked to indicate to the co IDE THE SUBSTANCE OF THE LICANT IS GIVEN ONE MONT | ntrary. A FORMAL WRITTEN INTERVIEW. (See MPEP Se | RESPONSE TO THE Letion 713.04). If a response | nse to the last Office | |
| rejections and requirements th | v summary above (including any lat may be present in the last Or onse requirements of the last Or ove is also checked. | ffice action, and since the clain | is are now allowable, th | is completed form | |
| Examiner Note: You must sign this fo | orm unless it is an attachment to | another form. | タ い (| Sur | |
| FORM PTOL-413 (REV.1-96) | | | | | |